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EDITORIALS

Medical Education as It Should Be

The American Medical Association performed a master stroke at its recent Cleveland meeting when it announced the appropriation of \$500,000 for distribution among the country's medical schools. Immediately the principal sum was announced, individuals and others added several thousands more and the way was left open for further contributions.

Coming at this particular time, the A.M.A. appropriation serves not only as a stimulus to some of the medical schools that have had financial troubles but also as an answer to those critics, in government and out, who have looked askance at the association's opposition to federal funds for medical schools. The most conservative of these critics have considered the A.M.A. as reactionary; the least conservative have charged that by opposing federal grants to medical schools the "medical trust" is attempting to limit the number of new medical graduates and thus build a private economic reserve for present physicians. The absurdity of such charges does not warrant an answer but the propagandists continue their wild accusations.

Those in government know only too well the dictum of the U. S. Supreme Court in its holding that where the federal government contributes funds it must dictate the use of such funds. Translated into terms of federal funds for medical schools, this rule would necessarily imply that the federal government could and must dictate to the medical schools their courses of study, methods of instruction and all other administrative matters; as applied to the students, it could well be twisted into a mortgage on the future services of any physician attending a federally aided medical school.

These are the dangers the medical profession has seen in the proposed granting of government moneys to our medical schools. The entire profession has been well represented by the American Medical Association in its opposition to the federal fund proposal. True, some medical school officials have succumbed to the lure of "free money" because of the expediency of the idea. On the other hand, to the everlasting credit of some deans, there has been a wide area of disapproval of federal money and adherence to the principle that all other sources of funds must first be exhausted before Uncle Sam was allowed to put his finger on our medical schools and our medical students.

The voting of a substantial sum by the A.M.A. sets the ball in motion for the private support of our needy medical schools. It shows that the medical profession can and will take care of its own; it shows that physicians individually and collectively prize their academic freedom and their right to establish their own courses of study on the basis of science and not politics. The doctor is and must be trained to serve his patients, not a government official. To lose that tradition would set medical practice back hundreds of years and would inevitably lead to an even greater measure of federal domination of the profession and of all other phases of American life.

It is fortunate that the A.M.A. funds are coming from the moneys raised for the National Education Campaign. Here is a real boost to education, carried directly to the education of our doctors. The announcement of the appropriation carried the state-

ment that "this fund will be given to the medical schools for their unrestricted use in their basic training of future physicians." If the federal government had been able (even if willing) to use that adjective "unrestricted," there probably would have been little opposition to its offer of assistance to the schools. In the circumstances, the doctors have been wary of the gift-bearing Greeks. Now they have found their own way out of a dilemma, a way which preserves all that is finest in medical education as well as in the traditions of American competitive enterprise.

One thing remains. The American Medical Association has opened the door to the support of medical education by calling on its own members to contribute to the cause. The profession has long worked to improve its scientific knowledge and has accomplished noteworthy gains in that direction. Now it

has the opportunity of seeing to it that its own members, during their years of practice, contribute annually to the maintenance of educational courses which cost far in excess of the ability of the students to pay.

The medical student enjoys four or more years of education at a price much below cost. Why should he not, when he is able, contribute modestly toward the bridging of the gap between costs and tuition for medical students? It is hoped that state and county medical societies, specialty groups, fraternities and other medical organizations will go along with the A.M.A. and establish the helping hand ideal on a firm base. By doing so, medicine will retain its rightful pride in its educational processes and will gain the unstinted acclaim of all citizens who love freedom and are willing to contribute to it.

Eleven Years After

With the start of a new year we can look back over the accomplishments of the year just gone and farther back to the end of 1939, when California Physicians' Service was put into operation. Eleven years after this event, the product looks very good from all points of view.

C.P.S. was started after years of study by a large group of thinking physicians who recognized the public need for a sound, statewide, ethical plan to budget the costs of medical care. Of all the plans under consideration over the years, the service type represented by C.P.S. offered the most practical method of providing a high type of service for the public and simultaneously giving the doctors control over the disposal of their professional services.

Starting on an uncharted course, C.P.S. ran into its full quota of difficulties, both with the public and with the profession. As each obstacle was encountered in its empirical course, C.P.S. found a way of meeting the problem and guiding itself into the channel best designed to provide smooth sailing. This process still goes on, as witness the recent developments in the operations of the first statewide, physician-sponsored health insurance program in the country.

Within the past year C.P.S. has been able to make adjustments in its contracts, to assure the earning of a full fee schedule and get away from the discount basis of payment which has existed ever since its starting days. The new contracts are being installed as rapidly as possible. Physician members may look forward to receiving more adequate compensation under this program.

Also within the past year C.P.S. has strengthened its physician relations department, that branch which contacts nurses and secretaries to assist them in their handling of C.P.S. cases, forms and other matters. Along the same line, a Physician's Manual

is under way for early distribution, to give the doctor a concise picture of how C.P.S. cases may be most effectively handled in the mutual interest of the doctor and the patient.

County review committees have been set up throughout the state, each appointed by the president of the county medical society. These committees give every doctor a chance to bring before his own colleagues any C.P.S. problems which may be confronting him. The committees serve as a sounding board of local opinion and provide a real grass roots control over C.P.S. The House of Delegates of the C.M.A., sitting as Administrative Members of C.P.S., also brings the control of the organization right back to the local community.

As of the end of 1950 C.P.S. reports close to one million beneficiary members and more than 10,750 physician members. This expression of confidence from both the public and the medical profession is eloquent evidence of the need for the service provided and the public acceptance of the doctors' own plan. C.P.S. is literally a great force in the fields of human service and public opinion. In actual practice, C.P.S. stands as the profession's greatest bulwark against the encroachment of politically-sponsored health insurance plans.

To the public, California Physicians' Service represents the guide for budget-basis medical care, the leader which sets consistently higher standards for others to emulate in serving the public. To the medical profession, C.P.S. is an expression of the doctors' own ability to meet a public demand under controlled conditions which protect the physician-patient relationship and the quality of the care provided. Consistent improvement in operating methods is ironing out the little details of trouble; meanwhile, the concept remains sound, stable and greatly important.